



# OCCUPATIONAL THERAPY GOVERNING BOARD

Part A: to be completed by the applicant

Please Print Legibly:

Full name
Mailing address (PO Box or Street Address and City State Zip)

OT or OTA New Hampshire License # \_\_\_\_\_ Check here ☐ if OT or OTA license is pending

If applicable: current HAND THERAPY CERTIFICATE # \_\_\_\_\_ If applicable: current PT or PTA New Hampshire License # \_\_\_\_\_

## LIST BELOW COURSE(S), WORKSHOP(S), INSERVICE TRAINING, ONLINE COURSE(S) or SESSIONS OF INDIVIDUALIZED INSTRUCTION

Name or brief description of courses, workshops, in-service trainings, online courses or individual instruction	Provider or sponsor	Beginning & ending date(s)

Name of supervisor for each session of supervised clinical applications

Beginning & ending dates of each session of supervised clinical applications


Note to the supervisor of clinical applications of PAMs: Please complete part B on the reverse side of this form